

Measures	Description
Participant identification	Sex, age group, age (years), month of report/discharge from hospital, type of treatment (outpatient; ward; intensive care), municipality of residence, region of health, macro region of health, telephone number, vital status and/or health condition
Signs and symptoms of COVID-19 and Post-COVID-19 syndromes	Headache, eye pain, coryza, change in vision, change in smell, change in taste, speech alteration, change in hearing, ringing in the ear, sore throat, fever, hoarseness, cough, production of phlegm, chest pain, shortness of breath, change in appetite, nausea, vomiting, cramps or abdominal pain, change in stools (diarrhea or constipation), body stains, itchy body, tingling or numbness in some part of the body, hair loss (head or other region of the body), sweating, edema, dizziness, fainting, fatigue, lost coordination of movements, problems in muscles and joints (pain, discomfort, numbness), memory loss, depression mood, anxiety mood
History of COVID-19 and Post-COVID-19	Outpatient treatment, ward treatment, ICU treatment, expenses on treatment, medical appointments, medical exams, medications for COVID-19 treatment, need for caregiver, ventilator support use, need for dialysis, primary care service use, COVID-19 reinfection, COVID-19 vaccination
Personal history	Weight, height, blood type (ABO and RH system), previous illnesses, post-COVID-19 illness, continuous medication use, alcohol use, tobacco use, physical activities, screen time
Participant's socio-demographic, economic and professional characteristics	Disabilities, nationality, race (self-declared), religion, literacy, instruction level, residence area, type of housing, marital status, working status, income